

Ulster County Behavioral Health Task Force 2021 Report

*Recommended Priorities
and Solutions*



Final Report
September 27, 2021



Letter from the County Executive

In May, during Mental Health Awareness Month, I established the Ulster County Behavioral Health Task Force. The goal of the task force was to establish an action plan based on community needs, to both highlight existing areas for improvement in the region's behavioral health continuum of care and outline specific recommendations and solutions to address those areas.

To identify the missing elements in our Behavioral Health system, the task force spoke with community organizations, frontline nurses, caregivers, and the community at-large on the barriers and gaps that they have seen first-hand in Ulster County.

For years we have understaffed, underfunded, and undervalued, mental health services in Ulster County. We have made it complicated and at times disjointed, this report serves as a crucial mechanism to identify gaps in our existing mental health system and provide a road map to make sure we invest wisely in bolstering our behavioral health programs.

At a time when we're seeing more and more of our residents struggling with mental health and addiction, we must step up our investments to meet the moment and take care of each other. That means, among other things, dedicating recently received federal relief funds to turn these ideas to improve behavioral health services into a reality.

Fixing these critical gaps will take time, and there will be many iterations of this plan as we continue to meet these needs. This report serves as the framework so that we can act now, while overdoses and suicides are still alarmingly high, because the people who are in crisis today deserve our action and attention today.

As Ulster County Executive, I remain committed to working to meet these critical needs and dedicating the funding necessary to make these programs a reality. I thank the taskforce members along with all of the community stakeholders who participated in this process.

Sincerely,



Patrick K. Ryan
Ulster County Executive

Executive Summary

This report was developed by the Behavioral Health Task Force to identify priority investments for our mental health and addiction system of care and to propose solutions to support and expand current services.

Mental Health and Addiction Recovery have been top priorities for the County Executive since taking office in 2019. Over the past two years, we have made investments to:

- Expand our Mobile Mental Health Team and divert mental health-related 911 calls to social workers
- Create a High-Risk Mitigation Team filled with peers and social workers to work directly with people who are most at risk of overdosing
- Launch a Mental Health and Addiction Urgent Care facility in Midtown Kingston to provide same day access to care.

However, there is still more work ahead to create a system where every resident receives the level of care that they need and deserve.

Ulster County received significant federal aid to respond to the COVID-19 pandemic and its impacts across our community. As one of the key priorities of the Ulster County Recovery and Resiliency plan, the County has allocated over \$5,000,000 to support our mental health and addiction services. This once-in-a-generation funding, as well as increased funding at the New York State and Federal level, positions the County to make investments that will help to build a mental health and addiction system that works for everyone.

Earlier this year, County Executive Pat Ryan invited nearly 30 leaders in the mental health and addiction community together to brainstorm solutions. We gathered expert opinions and spoke candidly about what we need to create a behavioral health care system in Ulster County that ensures none of our residents slip through the cracks.

The Task Force used the following blueprint to share a vision for the Ulster County behavioral health system. The blueprint includes four key categories: outpatient treatment, inpatient treatment, crisis services, and social supports. Creating access to care is at the core of every section of this plan and is essential to create a system that is integrated. The five sectors of the blueprint are consistently used by national experts in behavioral health.



After the subsections were identified, we discussed as a task force what an ideal version of each of these sections would be and began identifying solutions to transform our current landscape into a system that addresses every level of need in Ulster County.

Below is a summary of the key findings for each of our 5 sections. The full report contains a much more comprehensive list of recommendations and proposed next steps.

Outpatient Treatment:

We must reduce wait times for our residents to see providers. Currently, for therapy the average wait time is 14-20 days to receive your first appointment. For psychiatry (visits with prescribing capabilities), it is even longer with wait times ranging from 23 days to 4 months based on the provider. To create a system that works for everyone we will need to drastically increase our outpatient services to allow people with more severe needs to see a professional more frequently and to reduce the wait times for all patients.

Inpatient Treatment:

Ulster County needs inpatient psychiatry beds to serve the needs of our community. That means returning the inpatient beds that have been removed by WMC HealthAlliance, and

working to build more inpatient capacity as well. Linkages and connection to local resources are essential for solid discharge planning which is difficult if people are in a different county for their inpatient stay.

Crisis Services

Ulster County should begin efforts to build and operate a Crisis Stabilization Center, which would provide a 24/7-accessible location for people in crisis and would give people an immediate treatment option for our most urgent and high need cases.

Social Supports

Ulster County needs to create enough supportive and transitional housing to provide a safe and stable place to live for all of our residents. We have many programs that are in the early stages of being built, such as:

- RUPCO's purchase of the Quality Inn which they are converting into 100 Units of permanent supportive housing
- RYAN House which will provide recovery friendly housing when people are leaving treatment to help them stay safe and sober.

Working with partners to help them to create a supply of supportive housing is essential to give our residents the social supports that they need to stay in recovery.

Access to Care

This central piece includes family support, care coordination, as well as systems of communication between providers, patients, and their families. A key recommendation was to have services co-located in one location it makes it easier for both the residents to receive treatment and the providers to collaborate and communicate with each other.

Task Force Members

| | |
|--|--|
| <p>Tara McDonald, Chair Deputy Commissioner Ulster County Department of Mental Health</p> | <p>Chad Storey Lieutenant, Ulster County Sherriff’s Office Oracle Lead</p> |
| <p>Stephanie Turco President & CEO, Gateway Hudson Valley</p> | <p>Michael Berg Executive Director, Family of Woodstock</p> |
| <p>Shannon Kelly CEO, Catholic Charities of Orange, Sullivan & Ulster</p> | <p>Kevin O’Connor CEO, RUPCO</p> |
| <p>Allen Nace Board President, MHA in Ulster County Clinical Consultant, Samadhi</p> | <p>Allison Horan Director of Strategy & Staff ACCESS: Supports for Living</p> |
| <p>Carol M. Smith Commissioner Ulster County Depts. of Health & Mental Health</p> | <p>Steve Miccio CEO People USA</p> |
| <p>Victoria Reid Executive Director, Rural Health Network, Ellenville Regional Hospital</p> | <p>Ben Clemens AVP of Behavioral Health The Institute for Family Health</p> |
| <p>Sam Finnerman NAMI Representative</p> | <p>Chris Dennehy Executive Director of Step One</p> |
| <p>Maggie Veve Citizen Action Representative</p> | <p>Carole Kelder RYAN Group</p> |
| <p>Robin Peritz Vice President for Behavioral Health Family Services, Inc.</p> | <p>Katrina Williams LGU Program Supervisor Ulster County Department of Mental Health</p> |
| <p>Timothy Hunt Research Scientist Columbia University School of Social Work</p> | <p>Juanita Hotchkiss Project Manager, HEALing Communities Ulster County Department of Health</p> |
| <p>Rebecca Fox-Sevcik NYSNA Representative</p> | <p>Bob Gelbach Community Services Board Representative</p> |
| <p>Peter Criswell Ulster County Legislator, District 7, City of Kingston</p> | <p>Charles Khoury District Superintendent & CEO Ulster BOCES</p> |
| <p>Craig Lopez Ulster County Legislator, District 14, Town of Shawangunk, Town of Wawarsing</p> | <p>Michele R. Conner-Shephard Director of Outpatient Clinic / School-Based & Budget Performance Specialist Astor Services for Children & Families</p> |
| <p>Anna Markowitz Assistant County Executive Report Co-Author & Meeting Facilitator</p> | <p>Kristin Woodlock Consultant, Woodlock & Associates Report Co-Author & Meeting Facilitator</p> |

Task Force Process

The County Executive directed the task force to identify immediate actions as well as longer term 5-year goals to create a comprehensive behavioral health care system. The COVID pandemic, increases in deaths by suicide and overdoses, and the loss of the County's only inpatient mental health beds are like nothing we have experienced before.

Building a strong behavioral health care system will take time. Like our Green New Deal, 2040 Economic Development Report, and our Justice and Reform Plan, we believe that every priority needs a well thought out plan to make sure that we are executing the highest impact projects.

In this document we share recommendations for the immediate needs and outline concrete steps needed to create a behavioral health care system to support every resident regardless of how severe their need. This plan can be revisited each budget season to make sure we are on track to attain our long-term goals.

The task force met five times and considered the feedback from a public forum with over 100 participants. This way we were able to hear from mental health and addiction providers, family members and community residents and make sure that we were addressing the challenges that the people see as key obstacles. We wanted to hear from as many people as possible to make sure that our system works for all residents.

Implementation and Next Steps

In September, after integrating the feedback from both the community and the task force, we finalized our report and are formally submitting it to the legislature to recognize this plan as the foundation for our current and future work on Behavioral Health. It was the final recommendation of the Task Force for the Community Services Board to work with the Mental Health Department to update this plan annually through continually assessing system gaps and include their recommendations in Ulster County's

Local Services Plan (LSP). The (LSP) is submitted to New York State annually to ensure inclusion of the behavioral health needs of Ulster residents within the NYS Comprehensive Behavioral Health Services Plan. By monitoring and updating our plan annually based on the changing landscape, we can make sure that Ulster County is investing in the most urgent and necessary improvements for behavioral health.

After this plan is adopted, the County will issue Request For Proposals (RFP's) to get a better sense of the cost and interest in providing the services listed in this document as solutions. Once the cost and interest are assessed we will prioritize items based on our community feedback and use our \$5,000,000 of federal funding to launch as many programs as possible.

There are also recommendations in this report that do not require a financial commitment, but rather a commitment to advocacy on behalf of our residents and providers. For these recommendations (such as advocating for a rate change for providers and the return of our inpatient and detox beds) we wanted to formally document our position on these topics so that we could further advocate for these much-needed changes at the New York State level.

For a consolidated list of recommendations and next steps, please see Appendix A.

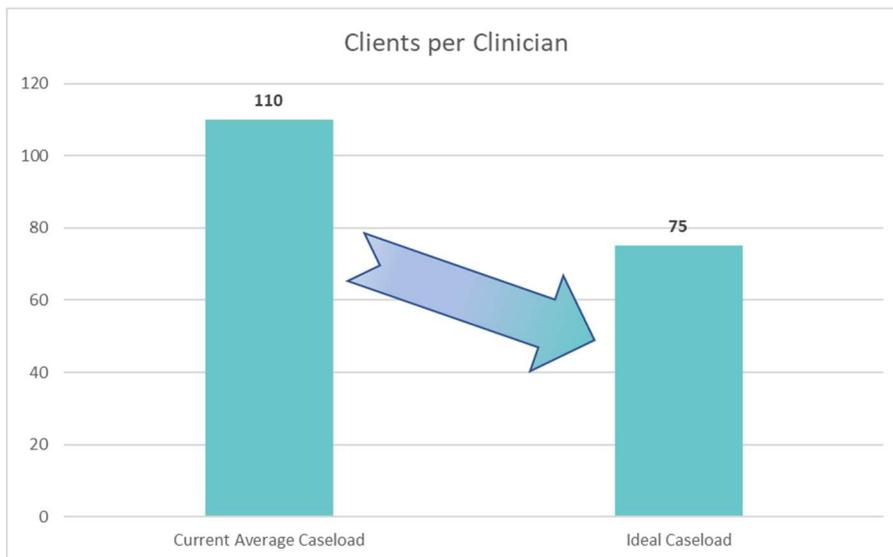
**Priority
#1**

**Outpatient
Treatment**

Current outpatient treatment has long wait times and there is difficulty in seeing the same therapist or prescriber.

Outpatient Treatment

We surveyed 3 of our Ulster County mental health clinics to get a sense of caseloads and waitlists. Caseloads in our adult clinics are an average of 110 clients per clinician. With a case load this high, most individuals are receiving 30-minute sessions monthly due to the clinicians needing to see so many patients. When asked what a more sustainable caseload would be, they all agreed that 75 clients would be ideal.



The waitlists for people to begin treatment is also concerning in Ulster County. As of August 2021, 3 of our adult and youth clinics had a total of 168 residents currently waiting for therapy or psychiatry intake appointments.

To create a system that works for everyone we will need to drastically increase our outpatient services to allow people with more severe needs to see a professional more frequently and to reduce the wait times for all patients.

Expanding & Sustaining Our Workforce through Rate Increases

Providers were challenged to hire and keep clinical experts before the pandemic struck. In 2021, the competition for behavioral health clinicians is even stronger due to the increase in need caused by COVID. Demand for help in the face of rapidly rising rates of opioid addiction, anxiety, depression, and suicides, is greater than ever. In addition, expansion of telehealth has made it possible for many clinicians to work remotely for non-local providers instead of serving our local area.

To make it easier to recruit and retain talent in the behavioral health field, appropriate rates should be set by New York State to allow for salaries high enough to attract qualified workers. New York State should take the following actions:

- Setting adequate rates for all OMH and OASAS licensed services.
- Setting adequate Medicaid rates for behavioral health services
- Permanently recognize a broader set of professions for work in the field, including but not limited to Licensed Marriage and Family Counselors, and Licensed Mental Health Counselors.
- Ease the process of rural providers becoming Certified Community Behavioral Health Clinics (CCBHC). This would allow clinics to have cost-based rates.

| Immediate Actions | 5 Year Priorities | Behavioral Health Task Force Goals |
|--|---|--|
| ➤ Advocate at the State Level for increased rates for Medicaid and all OHM and OASAS licensed services | ➤ Providers receive equitable Medicaid reimbursement to provide sustainable workforce levels. | ➤ Services can be maintained and expanded when needed. |

Expand Access to Partial Hospitalization

WMC continues to operate a robust partial hospitalization program in the county for adolescents and adults with the highest level of clinical need. The programs serve Ulster and neighboring counties and provide short-term treatment for clients to either avoid or shorten an inpatient stay. It is comprised of a multidisciplinary team including nurses, social workers, activity therapists, psychiatric nurse practitioners and board-certified psychiatrists. The main modality of treatment is group therapy focusing on Dialectical Behavioral Therapy.

Partial Hospitalization is a treatment program with full and part day programming available at least 5 days per week. The duration of treatment is typically between 14 and 21 days. Both the adolescent and adult programs continuously operate at capacity. The adult program reliably maintains a wait list of an average of 3-4 weeks, and most recently the adolescent program has had a wait list of a few weeks as well. Thus, additional capacity is needed to meet community need.

The current program operated by WMC is sustainable through rates set by the state, but they are limited by the building footprint where this service is located. To have enough capacity to serve the community we recommend that WMC moves to a larger location and hire additional staff to serve the needs. If this is not possible then we encourage a new provider to look into providing this service to meet the unmet need.

| Immediate Actions | 5 Year Priorities | Behavioral Health Task Force Goals |
|--|---|---|
| <ul style="list-style-type: none"> ➤ Work with local provider to create a new or expand an existing Partial Hospitalization Program | <ul style="list-style-type: none"> ➤ Work with providers to track data to determine appropriate size of this program | <ul style="list-style-type: none"> ➤ Provide this step-down program from inpatient so that all residents get enough support to stay in recovery when they return from the hospital |

Intensive Outpatient Program

Intensive Outpatient Program (IOP) differs from traditional clinic in that the individual has been assessed to have a higher acuity and a more intensive need for treatment but does not require an inpatient level of care. IOP offers individuals a more concentrated, time-limited, outpatient psychiatric service while remaining in the community. At present, there are no IOP programs for mental health operating in Ulster County. Implementing an IOP would provide an alternative to inpatient hospitalization and thus assist in buffering the loss of the local inpatient beds. It would help to shorten hospital stays and reduce readmission to regional hospitals.

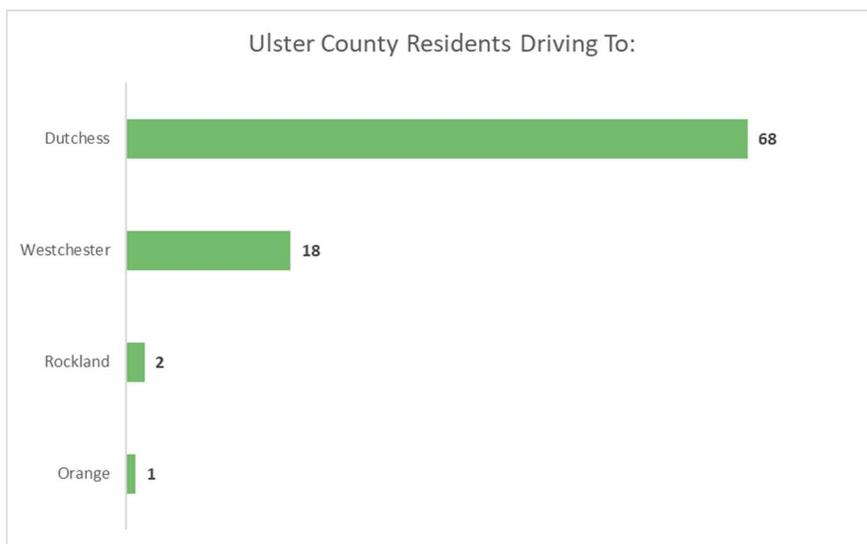
Additionally, our traditional mental health clinic service providers, such as Family Services Inc., Astor Services for Children & Families, and The Institute for Family Health, are massively overburdened due to community need that far outweighs current resources. Even individuals with serious mental illness are routinely seen for treatment by our clinics as little as a half an hour once or twice a month due to untenably high caseloads. The execution of an IOP would offset the load currently on clinics and more importantly, provide individuals with the level of treatment that most appropriately addresses their needs.

| Immediate Actions | 5 Year Priorities | Behavioral Health Task Force Goals |
|--|---|---|
| <ul style="list-style-type: none"> ➤ Work with a local provider to track data to determine appropriate size of this program | <ul style="list-style-type: none"> ➤ Work with a local provider to help them create or expand an Intensive Outpatient Program in Ulster County | <ul style="list-style-type: none"> ➤ Create programming for people who need more frequent counseling so that residents have the correct level of care. |

Expand Access to Methadone

Methadone is a medication used to help people reduce withdrawal symptom and recover from heroin and opiates use disorder. When Methadone is taken as prescribed, it is safe and effective. Most individuals on methadone maintenance therapy start out receiving their dose while being closely monitored. This close monitoring typically occurs for the first 7 to 10 days. After this period, patients will typically visit the clinic on a daily basis for six months to get their dose of medication. It is recommended that patients remain on this treatment for a minimum of 12 months, although it is common for patients to stay on it for much longer.

There is one Methadone Clinic in Ulster County which is operated by WMC Health Alliance. While it is a great asset to our community, there is consistently a waitlist which at times can include 50 people. People who need immediate access to Methadone must drive out of the county daily/multiple times per week, which is a significant barrier to receiving this treatment. As of August 2021 there were 89 people driving outside the county to receive this service:



The Behavioral Health Task Force recommends expanding access to Methadone by either expanding the current clinic or opening additional clinics with access to Methadone.

| Immediate Actions | 5 Year Priorities | Behavioral Health Task Force Goals |
|--|--|---|
| <ul style="list-style-type: none"> ➤ Work with WMC to track the data and analyze the ideal scale and growth of this service | <ul style="list-style-type: none"> ➤ Use ARP funding to incentivize an outside provider opening a Methadone treatment center or Work with WMC/ Health Alliance to help them expand their existing center to serve more patients | <ul style="list-style-type: none"> ➤ Make sure that residents do not have to drive outside of Ulster County to receive methadone treatment |



Inpatient Psychiatric Treatment

Ulster County continues to be at risk of losing a vital resource that has historically offered stabilization for individuals experiencing acute behavioral health crises. In 2020, HealthAlliance and its parent company, Westchester Medical Center Health Network, closed their two mental health units (as well as the inpatient detox and rehabilitation beds). WMC has initiated the process with the New York State Office of Mental Health to request permanent closure of these beds. This process is still in development.

The admission to inpatient facilities with distances varying between 40 and 90 minutes away has negative implications for a vulnerable population. Linkages and connection to local resources is essential for solid discharge planning following inpatient treatment.

Prolonged disconnection from community and natural supports has the potential to diminish successful reintegration of individuals after a hospital discharge. The distance also creates difficulties for families to engage in the treatment process and for patients to obtain transportation to return home.

| Immediate Actions | 5 Year Priorities | Behavioral Health Task Force Goals |
|---|--|--|
| <ul style="list-style-type: none"> ➤ Ulster County is petitioning the New York State and Westchester Medical Center to reverse the decision to remove inpatient services from our care system. | <ul style="list-style-type: none"> ➤ Maintain inpatient and/or expand alternatives to inpatient services. | <ul style="list-style-type: none"> ➤ Maintain access to needed services within Ulster County. |

Rehabilitation with Medically Supervised Withdrawal

The Health Alliance First Step program offered rehabilitation and Medically Managed Detox beds in a single unit hospital-based setting, with 24-hour access to services. This program provided a seamless transition from detoxification to rehabilitation. In 2020 this program was moved to Dutchess County making it difficult for residents to access this form of treatment without traveling more than an hour in some cases. Prior to the removal

of these beds, it is estimated that there was an 80% utilization rate for detoxification



and nearly 100% for rehabilitation. This rate indicates significant need for this service within our county.

While Ulster County no longer has dedicated beds for Medically Managed Detoxification, Health Alliance does offer this level of detoxification beds scattered throughout its Kingston Hospital as a medical service. This medical service is the highest level of detoxification support for individuals to safely recovery from alcohol, opioids, and other substances. People who need Medically Managed Withdrawal services are generally experiencing a healthcare crisis and may be experiencing severe withdrawal symptoms which can be life threatening without detox services. Not all individuals need this high level of detoxification. Medically Supervised Withdrawal is an appropriate level of care for patients who have mild to moderate withdrawal symptoms, are in a situational crisis, and will have difficulty abstaining from drug use without feeling the impact of their withdrawal symptoms. This level of treatment includes medical supervision and close support during detoxification and is most often provided in an intensive residential treatment and rehabilitation facility, in community residential settings, and supportive living programs. Once patients are stabilized, they often move to receive medically supervised outpatient services.

Ulster County has two rehabilitation centers; however, neither offers any withdrawal services. This means that patients who seek treatment are forced to travel outside of the county or attend two separate programs if they are in need of both rehabilitation and detoxification. Given the stress and nature of addiction and recovery, this can create a barrier for individuals who need services. Offering Medically Supervised Withdrawal services within a rehabilitation setting in Ulster County would increase community access to rehabilitation and add a withdrawal service which does not currently exist; allowing residents to receive detoxification services from trained medical professionals, find recovery support within a monitored community setting, and gain direct access to recovery services once they are stabilized. In addition, such settings prevent patients from accessing substances and allow them to remain in an environment which supports recovery and wellness.

| Immediate Actions | 5 Year Priorities | Behavioral Health Task Force Goals |
|---|---|---|
| <ul style="list-style-type: none"> ➤ Use ARP funding to incentivize an outside provider to open a Medically Supervised Withdrawal treatment and step-down rehabilitation services. ➤ Ensure access to services regardless of ability to pay, or immigration status. | <ul style="list-style-type: none"> ➤ Work with whomever launched this service to track the data and analyze the future scale and growth of this service. | <ul style="list-style-type: none"> ➤ Make sure that all residents including those with Medicaid/ Medicare have access to Medically Supervised Withdrawal Treatment |



Crisis Services

The Federal agency responsible for mental health and substance use known as the Substance Abuse and Mental Health Services Administration (SAMHSA) published a National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit in 2020. The Toolkit reflects careful consideration of all relevant clinical and health service research, review of top national program practices and replicable approaches that support best practice implementation. The national standard for Crisis Care includes having a 24/7 call line, mobile crisis services, and a crisis service at a safe, community-based location.

Community Crisis Service

Ulster County does not have a place where people can go to when they do not need to be hospitalized but need a place to be outside of their current home with peer support, assessment, and needed treatment. A priority investment would be in this area. There are several approaches to meet this need including a Crisis Stabilization Center, CPEP or Ulster-County specific solution. At the time of this report, the NYS Office of Mental Health is revisiting licensing and funding of crisis services. Final policy decisions by the State would influence a decision by the County on which approach best meets the needs of people with a behavioral health issues, their families and our crisis responders. The two prominent models, Crisis Stabilization and CPEP are presented below as options.

Crisis Stabilization Center

Ulster County does not currently have a Crisis Stabilization Center. Our neighboring county, Dutchess, has a 24/7 community crisis stabilization center where people of all ages can connect immediately with an integrated team of clinical counselors, peer specialists and addiction professionals. The center is voluntary, and people can self-refer, be referred by their families, primary care or behavioral health provider, or be brought to the center by law enforcement.

The model in Dutchess is currently being reviewed by the State Office of Mental Health and they are planning to create a reimbursement plan to encourage more Crisis Stabilization Centers to open throughout the state. With an anticipated increase in state funding, we believe that now is the time to research best practices so that we are ready to build the best center possible when the funding becomes available from the State.

Without a Crisis Stabilization Center, we are missing a critical aspect of care for our county residents. By creating a 24/7 center for people in crisis, we are giving people an immediate treatment option for our most urgent and high need cases.

In Dutchess County, they are on track to serve 3,000 guests by the end of 2021 even with a reduced capacity mandated by COVID safety guidelines (they can currently see 9 guests at a time instead of the typical 21). To put that into perspective, this is the same number of guests that visit the Health Alliance Behavioral Health Emergency Department which averages 3,014 visits per year.¹

In addition to Dutchess County, a Crisis Stabilization Center is also being executed in Bend Oregon. In their first year of operation, they were seeing 20% of clients diverted from the emergency room and another 16% brought to the center by local law enforcement.

Our first center would be in our County’s urban center, which is typical for these programs to be financially sustainable. Once the first center is established, options for smaller outposts in other areas of the County could be considered.

| Immediate Actions | 5 Year Priorities | Behavioral Health Task Force Goals |
|---|--|---|
| <ul style="list-style-type: none"> ➤ Issue an RFP for a Crisis Stabilization Center once the funding is available from NY State. ➤ Use Federal ARP funding for capital improvements and infrastructure to create this center ➤ Ensure access to services regardless of ability to pay or immigration status. | <ul style="list-style-type: none"> ➤ Continually monitor data to make sure that our model is serving our residents. ➤ Make sure our Crisis Stabilization Center is integrated within our larger system of care ➤ Consider ways to link and/or serve the entire county. Either through transportation support or outposts. | <ul style="list-style-type: none"> ➤ Create a safe and trauma informed Crisis Stabilization Center to immediately treat severe cases of mental health and addiction and connect individuals in need with ongoing treatment |

¹ Data provided by People USA

Comprehensive Psychiatric Emergency Program (CPEP)

A Comprehensive Psychiatric Emergency Program or CPEP, is a specialized emergency department with the capability to evaluate and hold individuals in crisis voluntarily or involuntarily for up to 72 hours. CPEP also has an array of mobile, family psychoeducation and crisis treatment capacities. Currently, the only rural model of a CPEP operating in New York is in Clifton Spring (Finger Lakes); whereas all other CPEP's are in large urban centers.² Even in the rural model, all operating CPEPs are currently run by hospitals with inpatient psychiatric beds. Recent community conversations have begun to explore the feasibility of utilizing the CPEP model and tailoring it to fit Ulster County through a non-hospital-based operation of the program. Such a model would make a unique CPEP entity in New York State.

Hospital-based CPEP's provide crisis intervention services that are available 24 hours per day, seven days a week, which include: triage, referral, evaluation and assessment, stabilization, treatment, and discharge planning. These services are provided by a multi-disciplinary team. CPEPs help ensure individual and community safety and appropriate inpatient admissions and outpatient referrals. They also play a role in controlling inappropriate hospital admissions which are costly and counterproductive.

In addition, the availability of extended observation beds assists in easing inappropriate and often short-term inpatient admissions. The most recent statewide review of CPEP programs found that only 27 percent of the recipients admitted to extended observation beds were hospitalized after their stays.

CPEP's also provide interim crisis services, which are mental health services provided in the community for recipients who are released from a CPEP emergency room. They provide immediate face-to-face contacts with mental health professionals to facilitate community tenure while waiting for a first visit with a community-based mental health

² <https://www.nyconnects.ny.gov/services/finger-lakes-cpep-omh-pr-854906377450>

provider. The Ulster County CPEP model would utilize the Mobile Mental Health Team to assist in fulfilling the continuation of the CPEP services in the community.

The Ulster County CPEP would be the most intensive of the three hospital diversion options (Mobile Mental Health, Behavioral Health Urgent Care and CPEP) for residents. The goal of diversion services is to reduce the number of individuals seeking inpatient treatment for needs can be safely addressed on an outpatient basis. It would create a more scaffolded system so that people can comfortably choose the right level of care.

| Immediate Actions | 5 Year Priorities | Behavioral Health Task Force Goals |
|---|---|---|
| <ul style="list-style-type: none"> ➤ Work with OMH to determine feasibility and work with local providers to identify the best model for Ulster County ➤ Explore State Funding available for a CPEP ➤ Use Federal ARP funding to fill any funding gaps to create this center | <ul style="list-style-type: none"> ➤ Continually monitor data to make sure that our model is serving our residents. ➤ Make sure a CPEP is integrated within our larger system of care | <ul style="list-style-type: none"> ➤ Create a scaffolded system of care to divert unneeded inpatient visits. |

Mobile Mental Health

Expanding our Mobile Mental Health Team to respond to appropriate 911 calls was identified as a key priority by the Justice and Reform Commission in 2020. There are many times when the expertise of mental health professionals is essential in de-escalating and being the front line of responding to a mental health crisis. In June of 2021 we trained both our Mobile Mental Health Team and our 911

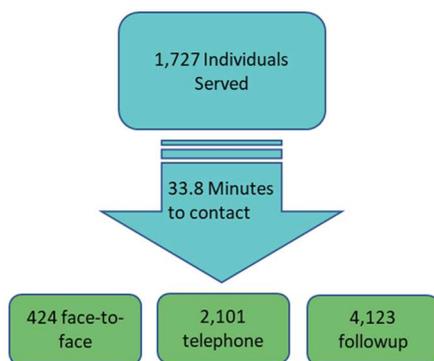


Pat Ryan and the 911 dispatchers meet with new Mobile Mental Health Dispatcher

dispatchers and began diverting these calls. However, with this expansion will come a need for increased staffing for our Mobile Mental Health Team.

In addition to training our County 911 dispatchers we will be expanding this diversion service to local police department dispatchers in 2022. We will begin with Kingston, New Paltz, and the Sheriff’s Office to launch this diversion program, and will train these units to ensure that only appropriate calls are being diverted. To accommodate this increased diversion, we will be adding a 3rd mobile mental health team to work during peak hours from 10am-6pm Monday-Friday. This team will be in New Paltz to keep a low response time for the New Paltz and Sheriff’s Office (who run the 911 systems for police departments scattered throughout the county). This will be in addition to the current teams that are in Kingston and Ellenville.

Ulster County Mobile Mental Health is a service provided by Access: Supports for Living. The program, which launched in 2015, operates from 10am-10pm every day and is a free service that allows residents to connect with a trained counselor when stress, depression, anxiety, emotional trauma, family crisis, substance use or other mental health issues create a personal crisis. The team can respond to an urgent issue at home or anywhere in the community, and the service includes people with lived experience who can relate to residents’ needs through their own experiences. Together, they develop support plans and assist individuals and families in carrying them out.



In 2020, the team served 1,727 individuals, made 424 face-to-face contacts, 2,101 telephone contacts and 4,123 follow up contacts. Their average time to respond in the community in 2020 was 33.8 minutes. In 2019, they served 2,088 individuals with an average response time of 30.5 minutes.

The Behavioral Health Task Force is recommending that we increase our capacity to 3 teams to serve during peak times of day, which will allow the Mobile Mental Health Team to divert additional 911 calls without increasing the response time. The Task Force also recommended focused training on cultural responsiveness and the establishment of strong connections among the Mobile Team and local advocacy groups for LGBTQ.

| Immediate Actions | 5 Year Priorities | Behavioral Health Task Force Goals |
|---|--|--|
| <ul style="list-style-type: none"> ➤ Increase funding in our 2022 Budget for our Mobile Mental Health Team ➤ Explore State Funding or grants to increase funding for Mobile Mental Health | <ul style="list-style-type: none"> ➤ Expand the Mobile Mental Health team as we work with additional 911 dispatch units so that the wait time does not increase. ➤ Ensure Mobile Mental Health Team can engage all members of the community regardless of race, sexual orientation, gender identification or religion. | <ul style="list-style-type: none"> ➤ Expand the Mobile Mental Health Team to meet the need of diverting 911 calls from any municipality who would like to participate |

Behavioral Health Urgent Care

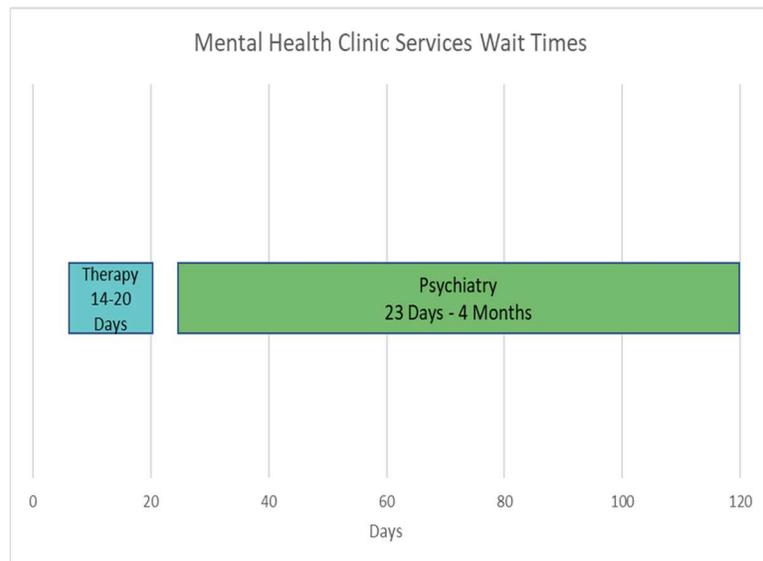
In June of 2021, Access: Supports for Living opened a Mental Health & Substance Use Urgent Care in Midtown Kingston. Urgent Care is for someone experiencing sudden or increased anxiety, depression, thoughts of self-harm, addiction or needing to see somebody in between appointments with their regular therapist or psychiatrist. Urgent Care offers access to Medically Assisted Treatment (MAT) and is an alternative to the emergency room for people with mental health crises.

Access opened its first Mental Health and Substance Use Urgent Care locations in Middletown and Newburgh in 2019 and in two years, more than 4,000 people have received care at the Urgent Care, a majority having never previously done so with Access, one of the largest providers in the region. This includes same-day access to a psychiatrist, either in person or via telehealth.



Access: Supports for Living announcing launch of the Mental Health and Substance Urgent Care. From Left: James Shaughnessy, Timothy Hunt, Tara McDonald, Patrick Ryan, and Ron Colavito

Our Department of Mental Health surveyed 3 of our local mental health clinics in August of 2021 to get a sense of wait times for treatment. For therapy the average wait time is 14-20 days to receive your first appointment. For psychiatry (visits with prescribing capabilities), it is even longer with wait times ranging from 23 days to 4 months based on the provider.



While a wait time is acceptable for some lower risk preventative clients, for more serious clients we need same day access to care. By having a Mental Health & Substance Use Urgent Care we can provide this same day service to individuals who are in pressing need of services.

Access, who also manages the Mobile Mental Health Team, will be integrating the Mobile team with the new Urgent Care to make sure that people in crisis can be referred to a same day treatment. The Center, which is open from 10am-6pm Monday

through Friday, is a much-needed service in the community, and while there are still other levels of crisis services needed, this gives people a great pathway into longer term treatment.

| Immediate Actions | 5 Year Priorities | Behavioral Health Task Force Goals |
|--|---|--|
| <ul style="list-style-type: none"> ➤ Promote the offerings of the Urgent care so that the community understands when they should go to the Urgent Care vs. a typical clinic. ➤ Ensure access to services regardless of ability to pay or immigration status. | <ul style="list-style-type: none"> ➤ Monitor the usage of this center and help to integrate this service with other providers. | <ul style="list-style-type: none"> ➤ Create a system with crisis supports that allow same day access to treatment |



Social Supports

Adults with serious mental health illness are 10-20 times more likely to be homeless than the average adult.³ Often this leads to a vicious cycle since not having access to safe and affordable housing has been proven to adversely affect people’s mental

³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5322226/>

health by causing anxiety and stress.⁴ According to the National Alliance on Mental Illness (NAMI), this can cause individuals who are most in need of care to be stuck in a cycle of needing hospitalization, jail, and shelters as a way to meet their basic needs.⁵ And housing doesn't only effect adults; children who have lived in temporary housing for at least a year are three times as likely to have mental health problems such as anxiety and depression.⁶

To end this cycle of housing stress causing mental health issues, we need to build enough supportive and affordable housing to house all of our residents. Given the surge of housing prices in Ulster County caused by the COVID pandemic, we need to begin building units now to meet this need as soon as possible.

Luckily, we have a few providers who are in the beginning stages of building additional supportive housing. The County will be working with Rupco, Family of Woodstock and Catholic Charities to reconfigure the Quality Inn into 100 supportive housing units for families and individuals. The RYAN Recovery House is also in their early stages of construction to provide a safe and supportive housing option for people who are coming out of treatment. We must work with partners like these to ensure a quick and supportive process for people who are interested in building supportive housing.

We also need to make sure that coming out of this pandemic that we are treating trauma caused throughout the pandemic. Creating a supportive environment for all of our residents to recover is key. Children in particular were isolated for up to 18 months and could be returning to school with undiagnosed mental health concerns. Creating supports for our youth to thrive while they at school so that they grow into healthy and secure adults is of the utmost importance to the future of Ulster County.

⁴ <https://www.hcplive.com/view/housing-conditions-effect-mental-health>

⁵ <https://www.nami.org/Your-Journey/Individuals-with-Mental-Illness/Finding-Stable-Housing>

⁶ <https://www.theguardian.com/housing-network/2016/feb/04/poor-housing-bad-mental-health>

Mental Health in Schools

Schools in Ulster County and all over the nation are bracing for 2021/ 2022 to be a year with increased demand for mental health services. Many students participated remotely for an entire school year and could be arriving in September 2021 with both trauma from a difficult year and undiagnosed mental health needs. Now more than ever, the County and the schools need to work together to surge to this urgent need.

After meeting with countywide social workers and administrators, we collaboratively created a plan to provide weekly groups (such as anger management, wellness practices, and substance support groups) for any interested school district in Ulster County. We will also have our County Mental Health Department organize a calendar of existing services that are provided by Family of Woodstock, Ulster Prevention and others to make sure that existing programs are being utilized in addition to the new programming that we will be designing to compliment these services.

This solution will also tie into current plans to expand our Restorative Justice program into schools in this fall. Often mental health and behavioral issues go hand in hand. By providing schools the resources to do Restorative Justice Circles, they can divert kids away from suspension and instead offer groups as a “consequence” of their actions that are rehabilitative rather than punitive. This can help to heal the collective trauma from COVID and work to create a more positive school environment.

In addition to this new programming, our Department of Mental Health is going to take a more active role in connecting youth to the services that they need. They will continue to build relationships with each school to make sure that the guidance counselors and social workers at each school are supported and are not hitting roadblocks as they assist their students.

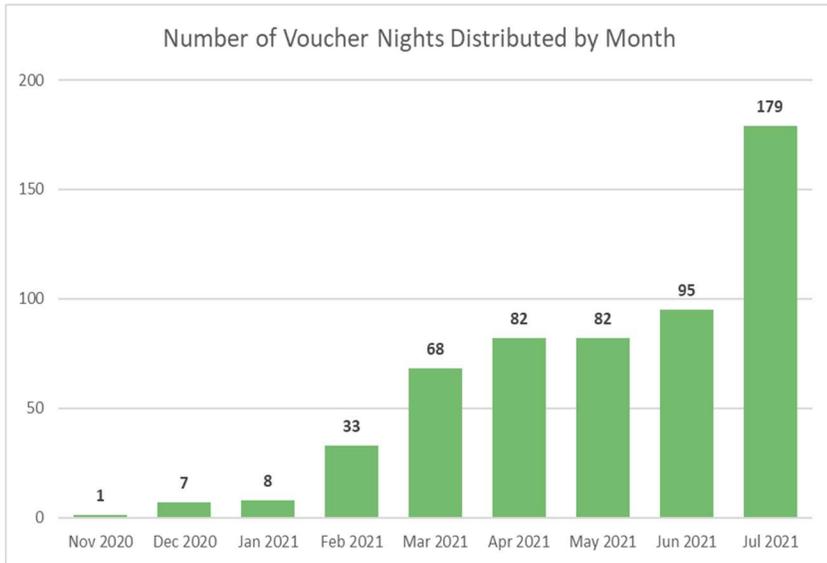
We know that unanticipated needs will arrive throughout this year as the students and teachers adjust to being in school again. It is the goal of the Department of Mental Health to be able to assist all students in need of mental health service to receive the

care that they need. The team will continue to meet with school districts to plan additional programming that the schools deem a priority for the success of our students. With a unified front, the county and the school districts can work together to best serve our youth.

| Immediate Actions | 5 Year Priorities | Behavioral Health Task Force Goals |
|--|--|---|
| <ul style="list-style-type: none"> ➤ Issue an RFP to provide groups (such as mindfulness and wellness) to all interested school districts | <ul style="list-style-type: none"> ➤ Continue to work with schools to identify partnerships where the County can support mental health for youth. | <ul style="list-style-type: none"> ➤ Create a healing school environment that does not rely on suspensions as a disciplinary response. |

Respite Housing

Short-term crisis respites provide an alternative to hospitalization for people experiencing emotional crises and give individuals a place to stay when they need time away from their current living arrangement. Ulster County does not currently have a respite house and the closest respite location is People USA’s Rose House in Walden, New York. As an immediate solution to the need for Respite Housing, Ulster County’s HEALing Communities Study launched a housing voucher program that allowed the 4 agencies who are members of the High Risk Mitigation Team (Samadhi, ORACLE, Catholic Charities, and People USA) to place individuals who were either entering or leaving treatment in hotels for 7-14 days. Since November 2020 when the program began, 555 housing vouchers have been used and the number of vouchers used per month has been steadily increasing as people became more aware of the program. In July of 2021 alone 179 vouchers were used. The large demand for these vouchers leads us to believe that if a Respite House existed in Ulster County there would be ample demand for the service.



People USA who operates 4 respite houses in New York that they call Rose Houses have successfully diverted 25,000 psychiatric hospital days and are an interesting model to consider here in Ulster County. While at Rose House, guests have access to a full, customizable menu of

services designed to help them understand what happened that caused their crisis, educate them about skills and resources that can help in times of emotional distress, explore the relationship between their current situation and their overall well-being, resolve the issues that brought them to the house, learn simple and effective ways to feel better, connect with other useful services and supports in the community, and feel comfortable returning home after their stay.

Respite housing and crisis stabilization centers create low-cost, high-quality alternatives to the need to go to the hospital for emergency or inpatient treatment. The Behavioral Health Task Force recommends expanding our crisis services to include a local respite house. Additionally, the Task Force recommends respite capacity for families with children and homeless couples.

| Immediate Actions | 5 Year Priorities | Behavioral Health Task Force Goals |
|--|---|---|
| <ul style="list-style-type: none"> ➤ Work with providers to create a local Respite House. ➤ Leverage State funding for respite locations. ➤ Ensure access to services regardless of ability to pay or immigration status. | <ul style="list-style-type: none"> ➤ Create awareness and use of the respite house by other service providers, families, and other first responders. | <ul style="list-style-type: none"> ➤ Provide safe alternatives to inpatient stays so that people in crisis have multiple options to best serve their need. |

Supportive and Transitional Housing

While access to safe and affordable housing is an issue across Ulster County, there is a significant impact for people living here with a mental health or substance use disorder. Stigma and lack of financial resources create even more barriers to having a place to call home.

The Ulster County Department of Mental Health, who rosters the 140 slots for OMH Supportive Scattered Site Housing, maintains a waitlist of well over 100 eligible individuals.

Additionally, flat reimbursement rates in a booming housing market have caused this program to be a fiscal burden to current providers, in some cases causing them to cease admissions.



Supportive Scattered Site Housing through the NYS Office of Mental Health provides permanent, affordable housing to individuals with serious mental illness and focuses on gaining access to safe, decent, and independent housing that is integrated within the broader community. This housing is subsidized, making it affordable for those with very low-income, and is buttressed with care management support. Residents pay no more than 30% of their income and hold the lease and utilities in their own name. Apartments must be within Fair Market Value.

Providers (Mental Health Association in Ulster County, Gateway Hudson Valley, Rehabilitation Support Services, People USA and Access: Supports for Living) take into consideration available housing options, affordability, and access to services in the community when placing individuals. They work with residents to locate housing that matches each individual’s preference and goals, emphasizing client choice. These

providers are better positioned to assist in locating affordable housing stock in a market that makes such endeavors nearly impossible.

In addition to Supportive Scattered Site Housing through OMH, there are also opportunities available through Empire State Supportive Housing Initiative (ESSHI), which is tax credit based. This is Supportive Housing for persons identified as homeless with special needs, conditions, or other life challenges. New ESSHI opportunities coming down from the state are expected to broaden ways we can assist some of the most vulnerable individuals in our county achieve permanent and safe housing stability.

Unfortunately, the current need far outweighs the opportunities that presently exist. The Behavioral Health Task Force recommends working with supportive and transitional housing providers to help them increase their housing stock.

| Immediate Actions | 5 Year Priorities | Behavioral Health Task Force Goals |
|---|---|---|
| <ul style="list-style-type: none"> ➤ Have our Social Services Department place eligible residents in programs to create an operational funding stream. ➤ Advocate and support new supportive and affordable housing projects through our County Planning Board. | <ul style="list-style-type: none"> ➤ Work with municipalities to create systems and processes that facilitate building supportive and affordable housing. ➤ Create a regional reputation for being an easy to work with community for people looking to build supportive and affordable housing | <ul style="list-style-type: none"> ➤ Create enough Supportive and affordable housing in Ulster County to meet the needs of our population. |

Our Core

Access to Care

The Task Force heard many personal stories of the difficulty in accessing care that will be addressed through the expansion of services outlined in this report.

Access to Care

The concept of “no wrong door” was identified by the Task Force as an essential value. Striving to improve access to care from the moment the need arises throughout the most complex situations is a priority. Achieving this will entail: improving communication among providers, locating services in one place to offer one-stop convenience for our residents, linking new and existing services through care coordination and navigation, provider communication, and improving data collection. Creating easily accessed care is at the core of every section of this plan and is essential to create a system that is integrated and seamless.

Mental Health and Addiction Recovery Center

To increase access to care for residents, services should be available in locations that have access to transportation, are centrally located near clients, and are easy to transition from one level of care to the next. By having services co-located in one location it makes it easier for both the residents to receive treatment and the providers to collaborate and communicate with each other. Therefore, in addition to creating new services we should also examine creating a new hub of co-located services in Kingston to serve as the Mental Health and Addiction Recovery Center.

By having one location with our Crisis Stabilization Center, Mobile Mental Health Team, and Mental Health Clinics we can make sure that we are making it easier for our residents to transition between services.

For example, if a person is having a mental health crisis and calls our Mobile Mental Health Team, the team can go to the person’s residence, assess the situation, and then help them get to the Crisis Stabilization Center. Once that person is treated by the

Crisis Stabilization Center, staff can walk them down the hall to a clinic to get them ongoing treatment with a licensed therapist. Then, when the Mobile Mental Health Team member returns to their office, they can check in with the Crisis Stabilization Center and the clinic to make sure that this person received the care that they needed.

Data collected by our HEALing Communities Study shows us that 52% of Ulster County’s fatal and non-fatal overdoses occurred in Kingston, Town of Ulster or Saugerties. For Mental Health it is a similar with an average of 40% of clients at 3 of our mental health clinics and 41% of our Mobile Mental Health patients residing in Kingston. Given the high concentration of need in the Kingston area, along with access to the Community Care Center by foot, UCAT (Ulster County Area Transit) and car, this location made the most sense as a hub.

We are not alone in this idea. In Milwaukee they are in the process of creating a hub for their behavioral health services.⁷ They determined that by co-locating the crisis services with Federally Qualified Health Centers (FQHC’s), we will be able to serve people sooner and in a more preventive way.

| Immediate Actions | 5 Year Priorities | Behavioral Health Task Force Goals |
|---|--|--|
| <ul style="list-style-type: none"> ➤ Give strong preference for RFP’s that propose building or moving their services to the Mental Health and Addiction Recovery Center. ➤ Ensure access to services regardless of ability to pay or immigration status | <ul style="list-style-type: none"> ➤ Ensure better systems communication between providers and family caregivers. | <ul style="list-style-type: none"> ➤ Have a system that is naturally integrated through co-location at our Community Care Center. |

⁷ <https://biztimes.com/new-report-outlines-redesigned-milwaukee-county-psychiatric-crisis-services/>

Integrating Mental & Physical Health

Treatment

The task force also recommends moving towards a system of care where people can expect to receive behavioral and physical health services with one provider.

By treating both mental and physical health, we will achieve improved patient outcomes at a lower cost. We now know that physical health is not separate from mental health. In fact, many of the prevalent causes of death and disease are caused by behavioral and environmental factors. Preventive and regular care that addresses the whole-person and the myriad of health concerns they may have across the lifespan is the most effective and comprehensive way to optimize health.

Both statewide and nationally, the needle is moving steadily toward integrated treatment. Ulster County providers such as our Federally Qualified Health Center, The Institute for Family Health, provides co-located primary care and behavioral health services across Ulster County. However, more services are needed and efforts to integrate services even within organizations need support.

In 2020 the New York Community Trust created a framework for how behavioral health providers could transition to an integrated model.⁸ In this model they explain how to begin screening, referrals to primary care physician, and how to create a tracking system for follow up with patients. There are also studies by the AIMS Center in Washington showing Collaborative Care interventions are more effective than usual care for depression, anxiety disorders, and co-morbid medical conditions such as heart disease, diabetes, and cancer.⁹ The Behavioral Health Task Force recommends that

⁸ https://www.thenationalcouncil.org/wp-content/uploads/2020/08/GHI-Framework-Issue-Brief_FINALFORPUBLICATION_7.24.20.pdf?dof=375ateTbd56

⁹ <https://aims.uw.edu/collaborative-care/implementation-guide/lay-foundation>

existing providers begin implementing an integrated model with the help of one of these frameworks.

One of the areas in which traditional mental health clinics struggle the most is prescribing. It is incredibly difficult, particularly in Ulster County, to recruit and maintain professionals who can prescribe psychotropic medication. As previously discussed, these programs are also operating well beyond capacity, leading to excessively long wait times to see a prescriber upon initiation of treatment (several weeks to months). Even if an individual has a primary care physician, many times that doctor is uncomfortable prescribing medications for behavioral health conditions. For this reason, it is even more essential that integrated services be enhanced to allow for more effective healthcare across all modalities.

| Immediate Actions | 5 Year Priorities | Behavioral Health Task Force Goals |
|---|--|--|
| <ul style="list-style-type: none"> ➤ Ulster County prioritizes integrated mental and physical health as a standard for future funding RFPs. ➤ Ensure access to services regardless of ability to pay or immigration status. | <ul style="list-style-type: none"> ➤ All health or behavioral health providers offer services on the continuum from whole-person care to co-location. | <ul style="list-style-type: none"> ➤ People can receive basic, whole-person assessment with any health or behavioral health provider in Ulster County |

Readily Accessible Data

The Behavioral Health Task Force identified the need for a community behavioral health dashboard to support accountability as well as evaluation and continued evolution of our care system. The unique healthcare needs that emerged during COVID only exemplifies this need.

Through our HEAL study with Columbia University, we created a team which consists of a data specialist, a community engagement specialist, and a project manager. As we launched projects such as the Mental Health & Addiction Urgent Care, this team collected relevant data to track the real time usage and outcomes. The Task Force recommends continuing this system of data collection and expanding to cover new projects that come from the RFP’s issued after this report. By maintaining this team, their systems, and ties to the provider community, we can improve on the systems that are offered by New York State which typically lag by a few years as they analyze the data.

We also recommend creating systems of communication between interdisciplinary teams and family care givers, as well as, dashboards to communicate overall population health surveillance data to the public. Communities across the county have developed easy to use, continuously updated dashboards such as El Paso Texas¹⁰ and New Rochelle, New York¹¹. These communities are able to use this data to monitor and track program level and population health outcomes, visualize emerging health trends, and assist communities in developing a meaningful data driven approach.

| Immediate Actions | 5 Year Priorities | Behavioral Health Task Force Goals |
|---|--|---|
| <ul style="list-style-type: none"> ➤ Set up data collection systems for new projects that come from this plan ➤ Work with local providers to get as much data as possible on the current needs and resources for the community. | <ul style="list-style-type: none"> ➤ Create a public dashboard to display the data collected ➤ Identify a shared HIPAA compliant communication system for interdisciplinary service provider teams to connect and share information. | <ul style="list-style-type: none"> ➤ Have the most accurate and timely data possible to inform growth and support of our behavioral health system. |

¹⁰ <http://www.healthypasodelnorte.org/indicators/index/dashboard?alias=mentalhealth>

¹¹ <https://www.cityhealthdashboard.com/ny/new%20rochelle/metric-detail?metric=30&metricYearRange=2018%2C+1+Year+Modeled+Estimate&dataRange=city>

Communication, Coordination & Collaboration

The Task Force included many people with lived experience and/or family members. A critical gap from their vantage point was providers not communicating with each other and a difficult time in coordinating care. Enhancing care coordination and developing systems for collaboration between physical health, behavioral health providers, peer, and family supports is a central recommendation of this task force. The county has care navigators and coordinators through the county which may be accessed through agency hotlines. There are currently more than 6 hotlines in the county, linking individuals to various services such as social supports and treatment. To honor the “no wrong door” approach, the task force recommends creating a single hotline line which directly links all individuals in search of behavioral health, substance use, and social supports to care coordination as well as, family and peer supports.

New York State is focused on improving care coordination and improving communication among medical, behavioral health and social support organizations in each community. There are significant benefits to Ulster County responding to the Task Force recommendation with a solution aligned with New York State policy. The Department Mental Health in partnership with community members and providers, will work to be first in line to implement New York’s goals for improved care coordination and access to social supports. New York plans align with the Task Force recommendation to improve provider communication.

In particular the use of a single app across the community to support assessment for social care needs and referral with confirmation that the individual actually received the needed service. There are several cloud-based systems which already exist such as Aunt Bertha, NowPow and UniteUs. UniteUs is currently used across New York State by the Alliance for Better Health.



In multiple regions, a state-of-the-art referral management platform powered by Unite Us, simplifies and streamlines social determinants of health-focused referrals between medical, behavioral, and social care providers to improve health. Participating organizations gain access to a full-spectrum view of the clients they serve, making it easier to determine when, and for whom, services were provided at no cost to your organization. This program cultivates true collaboration among community partners, while putting network participants into a strategic position to prove cost savings to funders, demonstrate and quantify value, and shine a light on the benefits of a data-driven, holistic client centric approach to health equity.

Ulster County has a long-standing history and reputation statewide for facilitating a community approach to service provision through a deep rooted sense of collaboration between stakeholders for the good of Ulster County residents. With the development

of the Community Care Center, the Ulster County Department of Mental Health (DMH) will be charged with leading the initiative to create and maintain a fluid system of communication between providers within the behavioral health hub and the wider system of care in the community. In order to achieve this mission, DMH will continue and enhance current departmental functions, such as:

- **Integrated Ulster:** this initiative aims to create a system of care that is welcoming and effective in addressing the complex needs of all people in Ulster County. The mission of Integrated Ulster seeks to create a “no wrong door” countywide practice for accessing services. DMH provides leadership for the Integrated Ulster framework through bi-monthly meetings, focused task groups, agency quality improvement processes and staff training.

A chief function of the initiative is the eliminate barriers to communication and collaboration. Each partner has identified key staff to be accountable to the system of care for purposes of access and consultation. Time-limited workgroups are formed to work together to tackle specific identified needs on an ongoing basis. Systems are in place to share resources such as cross-training opportunities and opportunities for expert consultation.

All of the contract agencies of DMH are chartered partners of Integrated Ulster, and as part of this commitment participate in continuous quality improvement for which they receive technical assistance from the Department. These quality indicators, which are focused on being accessible and capable of assisting those with complex issues, are emphasized in the contract deliverables and discussed in regular benchmark meetings.

- **Single Point of Access (SPOA):** DMH currently facilitates three processes that actively links Ulster residents to adult or childcare management or adult residential services. Each SPOA has a dedicated Coordinator responsible connecting with residents to identify their needs and linking them to a service provider of the resident’s choice. SPOA committees are used as an opportunity for ongoing coordination of care, case planning and consultation.

- Partnership with the Ulster County Sheriff’s High Risk Mitigation Team (HRMT): The HRMT is a cross agency team funded by a Bureau of Justice grant that provides a wraparound service to individuals in Ulster County struggling with substance use disorder. Many times, these individuals will be challenged by symptoms of mental illness at the same time. DMH partners with the HRMT to create opportunities and connect individuals with co-occurring needs to services.

In addition to expanding these existing programs, the Department of Mental Health works to communicate with the public through a variety of forms including e-newsletters and oversight of websites such as UlsterHelps.org to promote and update the new and existing services in Ulster County as the landscape evolves.

| Immediate Actions | Five Year Priority | Behavioral Health Task Force Goals |
|---|---|--|
| <ul style="list-style-type: none"> ➤ UCDMH to act as a navigator in ensuring continuous collaboration and communication between service providers for Ulster County Residents. | <ul style="list-style-type: none"> ➤ Continue to expand supports to our providers to ensure communication and coordination between services and the public ➤ Create a unified hotline | <ul style="list-style-type: none"> ➤ Create a Behavioral Health System in Ulster County that is seamless when people move through different services. |

Appendix A

See Below for an overview of our solutions and their immediate and long term goals:

| Outpatient Solutions | Immediate Actions | 5 Year Priorities | Behavioral Health Task Force Goals |
|---|---|---|---|
| Rate Increases for Medicaid, OMH and OASAS services | <ul style="list-style-type: none"> ➤ Advocate at the State Level for increased rates for Medicaid and all OHM and OASAS licensed services | <ul style="list-style-type: none"> ➤ Providers receive equitable Medicaid reimbursement to provide sustainable workforce levels. | <ul style="list-style-type: none"> ➤ Services can be maintained and expanded when needed. |
| Expand Partial Hospitalization Program | <ul style="list-style-type: none"> ➤ Work with local provider to create a new or expand an existing Partial Hospitalization Program | <ul style="list-style-type: none"> ➤ Work with providers to track data to determine appropriate size of this program | <ul style="list-style-type: none"> ➤ Provide this step-down program from inpatient so that all residents get enough support to stay in recovery when they return from the hospital |
| Create Intensive Outpatient Program | <ul style="list-style-type: none"> ➤ Work with a local provider to help them create an Intensive Outpatient Program in Ulster County | <ul style="list-style-type: none"> ➤ Work with a local provider to track data to determine appropriate size of this program | <ul style="list-style-type: none"> ➤ Create programming for people who need more frequent counseling so that residents have the correct level of care. |
| Expand Access to Methadone | <ul style="list-style-type: none"> ➤ Use ARP funding to offer seed funding to incentivize an outside provider opening a Methadone treatment center | <ul style="list-style-type: none"> ➤ Work with whomever launched this service to track the data and analyze the future scale and growth of this service. | <ul style="list-style-type: none"> ➤ Make sure that residents do not have to drive outside of Ulster County to receive methadone treatment |

| Inpatient Solutions | Immediate Actions | 5 Year Priorities | Behavioral Health Task Force Goals |
|--|---|---|--|
| Inpatient Psychiatric Beds | <ul style="list-style-type: none"> ➤ Ulster County is petitioning the New York State and Westchester Medical Center to reverse the decision to remove inpatient services from our care system. | <ul style="list-style-type: none"> ➤ Maintain inpatient and/or expand alternatives to inpatient services. | <ul style="list-style-type: none"> ➤ Maintain access to needed services within Ulster County. |
| Medically Supervised Withdrawal Center | <ul style="list-style-type: none"> ➤ Use ARP funding to incentivize an outside provider to open a Medically Supervised Withdrawal treatment and step-down rehabilitation services. | <ul style="list-style-type: none"> ➤ Work with whomever launched this service to track the data and analyze the future scale and growth of this service. | <ul style="list-style-type: none"> ➤ Make sure that all residents including those with Medicaid/Medicare have access to Medically Supervised Withdrawal Treatment |

| Crisis Solutions | Immediate Actions | 5 Year Priorities | Behavioral Health Task Force Goals |
|-----------------------------|--|--|--|
| Crisis Stabilization Center | <ul style="list-style-type: none"> ➤ Issue an RFP for a Crisis Stabilization Center once the funding is available from NY State. ➤ Use Federal ARP funding to fill any funding gaps to create this center ➤ Ensure access to services regardless of ability to pay or immigration status. | <ul style="list-style-type: none"> ➤ Continually monitor data to make sure that our model is serving our residents. ➤ Make sure our Crisis Stabilization Center is integrated within our larger system of care ➤ Consider ways to link and/or serve the entire county. Either through transportation support or outposts. | <ul style="list-style-type: none"> ➤ Create a safe and trauma informed Crisis Stabilization Center to immediately treat severe cases of mental health and addiction |

| Crisis Solutions | Immediate Actions | 5 Year Priorities | Behavioral Health Task Force Goals |
|--|--|---|--|
| Comprehensive Psychiatric Emergency Program (CPEP) | <ul style="list-style-type: none"> ➤ Work with OMH and DOH to determine feasibility and work with local providers to identify the best model ➤ Use Federal ARP funding for capital investments to create this center | <ul style="list-style-type: none"> ➤ Continually monitor data to make sure that our model is serving our residents. | <ul style="list-style-type: none"> ➤ Create a scaffolded system of care to divert unneeded inpatient visits. |
| Expand Mobile Mental Health | <ul style="list-style-type: none"> ➤ Increase funding in our 2022 Budget for our Mobile Mental Health Team ➤ Explore State Funding or grants to increase funding for Mobile Mental Health | <ul style="list-style-type: none"> ➤ Expand the Mobile Mental Health team as we work with additional 911 dispatch units so that the wait time does not increase. | <ul style="list-style-type: none"> ➤ Expand the Mobile Mental Health Team to meet the need of diverting 911 calls from any municipality who would like to participate |
| Respite Housing | <ul style="list-style-type: none"> ➤ Work with providers to create a local Respite House. ➤ Leverage State funding for respite locations. | <ul style="list-style-type: none"> ➤ Create awareness and use of the respite by people, other service providers and other first responders. | <ul style="list-style-type: none"> ➤ Provide safe alternatives to inpatient stays so that people in crisis have multiple options to best serve their need. |
| Mental Health and Substance Use Urgent Care | <ul style="list-style-type: none"> ➤ Promote the Urgent care so that the community understands when they should go to the Urgent Care vs. a typical clinic. | <ul style="list-style-type: none"> ➤ Monitor the usage of this center and help to integrate this service with other providers. | <ul style="list-style-type: none"> ➤ Create a system with crisis supports that allow same day access to treatment |

| Social Support Solutions | Immediate Actions | 5 Year Priorities | Behavioral Health Task Force Goals |
|-------------------------------------|---|---|---|
| Mental Health Support for Schools | <ul style="list-style-type: none"> ➤ Issue an RFP to provide groups (such as anger management) to all interested school districts | <ul style="list-style-type: none"> ➤ Continue to work with schools to identify partnerships where the County can support mental health for youth. | <ul style="list-style-type: none"> ➤ Create a healing school environment that does not rely on suspensions as a disciplinary response. |
| Supportive and Transitional Housing | <ul style="list-style-type: none"> ➤ Have our Social Services Department place eligible residents in programs to create an operational funding stream. ➤ Advocate and support new supportive and affordable housing projects through our County Planning Board. | <ul style="list-style-type: none"> ➤ Work with municipalities to create systems and processes that facilitate building supportive and affordable housing. ➤ Create a regional reputation for being an easy to work with community for people looking to build supportive and affordable housing | <ul style="list-style-type: none"> ➤ Create enough Supportive and affordable housing in Ulster County to meet the needs of our population. |

| Access to Care Solutions | Immediate Actions | 5 Year Priorities | Behavioral Health Task Force Goals |
|---|---|--|--|
| Mental Health and Addiction Recovery Center | <ul style="list-style-type: none"> ➤ Give strong preference in RFPs for solutions that propose building or moving their services to the Mental Health and Addiction Recovery Center. ➤ Ensure access to services regardless of ability to pay or immigration status | <ul style="list-style-type: none"> ➤ Seek to co-locate County Mental Health and Addiction staff with the services they support. | <ul style="list-style-type: none"> ➤ Have a system that is naturally integrated through co-location at our Community Care Center. |

| Access to Care Solutions | Immediate Actions | 5 Year Priorities | Behavioral Health Task Force Goals |
|--|---|---|--|
| <p>Prioritize Co-Occurring Capable Solutions</p> | <ul style="list-style-type: none"> ➤ Ulster County prioritizes integrated mental and physical health as a standard for future funding RFPs. ➤ Ensure access to services regardless of ability to pay or immigration status. | <ul style="list-style-type: none"> ➤ All health or behavioral health providers offer services on the continuum from whole-person care to co-location. | <ul style="list-style-type: none"> ➤ People can receive basic, whole-person assessment with any health or behavioral health provider in Ulster County |
| <p>Data</p> | <ul style="list-style-type: none"> ➤ Set up data collection systems for new projects that come from this plan ➤ Work with local providers to get as much data as possible on the current needs and resources for the community. | <ul style="list-style-type: none"> ➤ Create a public dashboard to display the data collected | <ul style="list-style-type: none"> ➤ Have the most accurate and timely data possible to inform growth and support of our behavioral health system. |
| <p>Communication and Collaboration</p> | <ul style="list-style-type: none"> ➤ UCDMH to act as a navigator in ensuring continuous collaboration and communication between service providers for Ulster County Residents. | <ul style="list-style-type: none"> ➤ Continue to expand supports to our providers to ensure communication and coordination between services and the public | <ul style="list-style-type: none"> ➤ Create a Behavioral Health System in Ulster County that is seamless when people move through different services. |